PARK VIEW HEALTH CARE-REHAB PAV-FDD

725 BUTLER AVENUE, P.O. BOX 10

WINNEBAGO	54985	Phone: (920) 235-510	)	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	FDDs
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	taffed (12/31/03):	17	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	19	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	1/03:	17	Average Daily Census:	18

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis 		Age Groups 	용 		11.8 17.6
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	76.5	More Than 4 Years	64.7
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 <b>-</b> 74   75 <b>-</b> 84	17.6 0.0	•	94.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94		************	*****
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic   Cancer	0.0	95 & Over		Full-Time Equivalent   Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/03)	
Other Meals Transportation	No No	Cardiovascular   Cerebrovascular		65 & Over 			0.0
Referral Service	No	Diabetes		Gender	~ 용		8.2
Other Services	Yes	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions		Male		Aides, & Orderlies	65.1
Mentally Ill	No			Female	41.2		
Provide Day Programming for Developmentally Disabled	Yes	 	100.0	 	100.0	 	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay			amily Care			anaged Care	l 		
Level of Care	No.	οlo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				17	100.0	184	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	17	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		17	100.0		0	0.0		0	0.0		0	0.0		0	0.0		17	100.0

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03									
Deaths During Reporting Period											
				Ş	% Needing		Total				
Percent Admissions from:		Activities of	용	Ass	sistance of	% Totally	Number of				
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	5.9		47.1	47.1	17				
Other Nursing Homes	42.9	Dressing	23.5		52.9	23.5	17				
Acute Care Hospitals	42.9	Transferring	47.1		35.3	17.6	17				
Psych. HospMR/DD Facilities	14.3		17.6		58.8	23.5	17				
Rehabilitation Hospitals	0.0	Eating	35.3		17.6	47.1	17				
Other Locations	0.0	*****	******	*****	******	******	******				
Total Number of Admissions	7	Continence		용	Special Treatme	ents	응				
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Res	spiratory Care	5.9				
Private Home/No Home Health	11.1	Occ/Freq. Incontinen	nt of Bladder	58.8	Receiving Tra	acheostomy Care	0.0				
Private Home/With Home Health	11.1	Occ/Freq. Incontinen	nt of Bowel	52.9	Receiving Suc	ctioning	0.0				
Other Nursing Homes	22.2				Receiving Ost	comy Care	0.0				
Acute Care Hospitals	0.0	Mobility			Receiving Tub	oe Feeding	11.8				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Med	chanically Altered Die	ts 58.8				
Rehabilitation Hospitals	0.0										
Other Locations	22.2	Skin Care			Other Resident	Characteristics					
Deaths	33.3	With Pressure Sores		0.0	Have Advance	Directives	100.0				
Total Number of Discharges		With Rashes		0.0	Medications						
(Including Deaths)	9				Receiving Psy	ychoactive Drugs	70.6				

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD ilities		All ilties	
	8 	8 	Ratio	% 	Ratio	_
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	89.6	1.06	87.4	1.08	_
Current Residents from In-County	94.1	33.5	2.81	76.7	1.23	
Admissions from In-County, Still Residing	42.9	11.3	3.79	19.6	2.18	
Admissions/Average Daily Census	38.9	21.3	1.83	141.3	0.28	
Discharges/Average Daily Census	50.0	25.0	2.00	142.5	0.35	
Discharges To Private Residence/Average Daily Census	11.1	11.4	0.98	61.6	0.18	
Residents Receiving Skilled Care	0.0	0.0	0.00	88.1	0.00	
Residents Aged 65 and Older	23.5	15.3	1.54	87.8	0.27	
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	65.9	1.52	
Private Pay Funded Residents	0.0	0.5	0.00	21.0	0.00	
Developmentally Disabled Residents	100.0	99.4	1.01	6.5	15.40	
Mentally Ill Residents	0.0	0.3	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.3	0.00	20.6	0.00	
Impaired ADL (Mean) *	54.1	53.1	1.02	49.4	1.09	
Psychological Problems	70.6	50.1	1.41	57.4	1.23	
Nursing Care Required (Mean) *	9.6	11.0	0.87	7.3	1.30	